

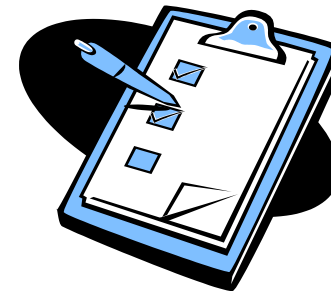
UNDERSTANDING HCT, RCS AND THE REFERRAL MANGEMENT PROCESS




Children's Behavioral Health Services
2020

Goals

- Develop awareness of Children's Levels of Care
- Increase understanding of Home and Community Treatment Services (HCT)
- Increase Understanding of Rehabilitative and Community Services (RCS)
- Enhance knowledge of how to access the most appropriate treatment services



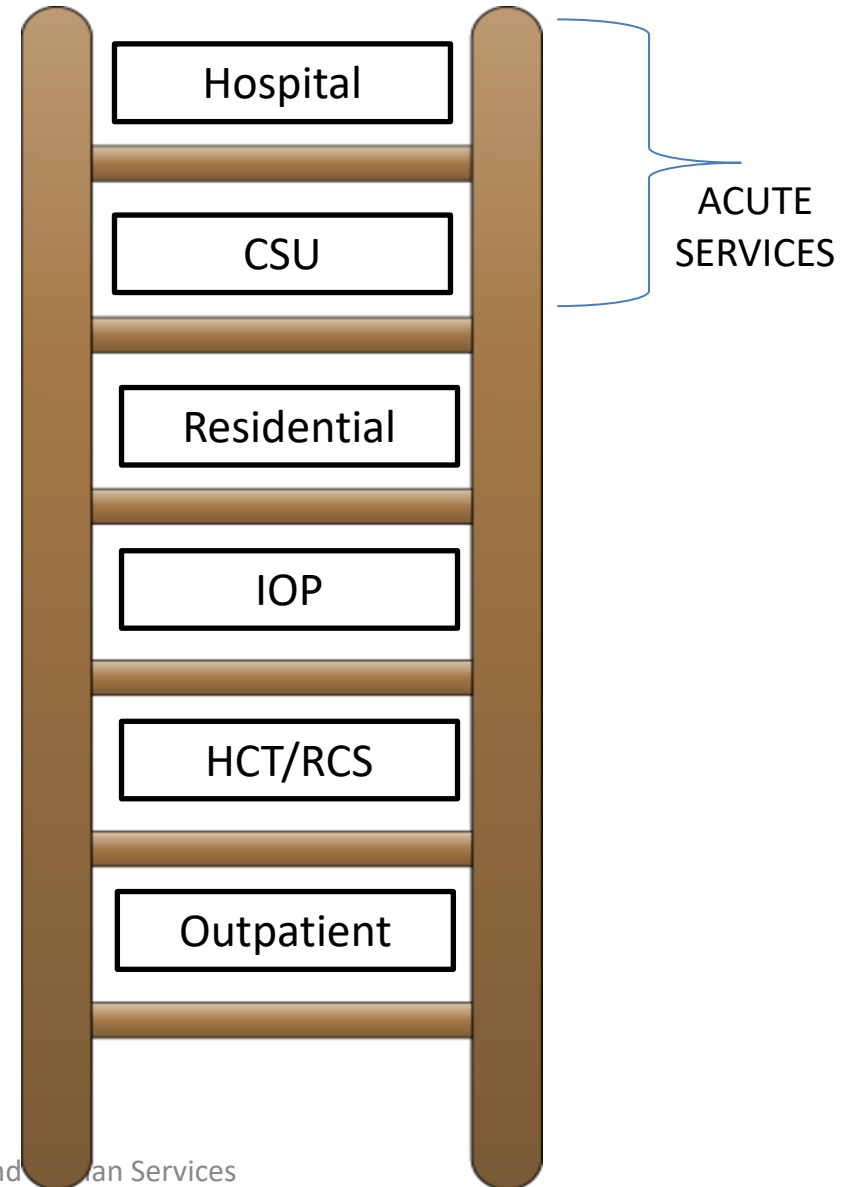


Maine Children's Levels of Care

- Maine's Children's Services are divided into levels of care.
- Utilize lowest level of care possible
- Utilizing inappropriate level of care violates youth rights and can do more harm
- Review level of care and MaineCare Policy requirements regularly
- Level of care is determined by FREQUENCY, INTENSITY and DURATION of symptoms being exhibited by the youth.
- Services are not determined by caregiver need, sibling need or need for supervision.

Maine's Children's Levels of Care

Our goal is to always serve children in the lowest level of care that is appropriate



LET US INTRODUCE YOU TO WHAT SERVICES ARE AVAILABLE FOR CHILDREN



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CHILDREN'S SERVICE OPTIONS

Some parents and other caregivers may need help meeting the challenging needs of their child.

Helpful services may include:

- Targeted case management
- CDS
- Behavioral Health Homes
- Community based rehabilitative supports (RCS) (In home)
- Outpatient therapy
- Medication management
- Home Based Treatment (HCT)
- In home Multi-Systemic Therapy or Functional Family Therapy
- Inpatient hospital
- Crisis Units

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Service	What is it?	Who is Eligible?	How to access it
Targeted Case Management (TCM)	A person to help identify unmet needs, access and monitor services	Youth with a mental health diagnosis, developmental disability or chronic medical condition	Refer directly to an agency providing the service.
Behavioral Health Home	Provides integrated medical and behavioral health care coordination and care management mental and physical health needs by partnering with primary care	Youth with a mental health diagnosis, developmental disability or chronic medical condition	Refer directly to an agency providing the service.
Rehabilitative & Community Service (RCS)	A skill building and behavior management program for youth with developmental disabilities; Specialized RCS: uses evidence based interventions	Youth with functional impairment on a standardized assessment tool; Vineland or ABAS	You or the Case Manager can apply to Kepro - information at www.qualitycareforme.com
Outpatient Treatment	Assessment and counseling to address symptoms, relieve excess stress, and promote growth for children and families	Youth with a mental health diagnosis or developmental disability and evidence that treatment is necessary	You make direct referrals to the agency or provider
Medication Management	Psychiatric evaluation, prescription, administration, education and /or monitoring of psychotropic medications	Youth with a mental health diagnosis or developmental disability who have evidence that this treatment is necessary	You may make a direct referral to the agency or provider
Home & Community Treatment (HCT) MST and FFT Are evidence- based models of HCT	In home therapy for children & families to help them learn to react differently to each other's behaviors and more effectively manage mental health symptoms	Youth with functional impairment with a documented need for treatment more intensive than outpatient therapy	You or the Case Manager can apply to Kepro- information at www.qualitycareforme.com For MST and FFT refer directly to the providing agency
Intensive Outpatient Program (IOP)	For youth who need intensive treatment for acute psychiatric and/or chemical dependency issues while living at home	Needs can't be met in a community based setting- requires active and inclusive treatment in an outpatient setting	Referrals are made directly to the Hospital Intake
Residential Treatment	24/7, short term (up to 6 months) out of home treatment to help youth and caregivers develop skills to manage their mental health symptoms and behaviors safely in their community	Youth who have received intensive community treatments and are a danger to self or others and symptoms are too severe to treat in the community	Apply to Kepro at www.qualitycareforme.com
Mobile Crisis	Statewide hotline providing immediate, crisis oriented support and assessment focused on the immediate stabilization of the crisis situation, available 24/7	Any person in Maine at any time	Call the statewide crisis hotline at 1-888-568-1112
Crisis Stabilization Unit (CSU)	A temporary out of home service providing 3-7 day crisis stabilization	Youth in crisis and a current risk of danger to self or others but not in need of psychiatric hospitalization	Mobile Crisis Assessment or Psychiatric ED
Psychiatric Hospital	Short term (3-7 days), 24/7 acute inpatient psychiatric stabilization support by a multi-disciplinary team	Youth presenting with a clear and reasonable inference of serious harm to self or others where the behavior requires intensive psychiatric, medical and nursing treatment interventions	Mobile Crisis or Psychiatric ED determines need and facilitates placement after completing a crisis assessment



SERVICES OF THE DAY

- HOME AND COMMUNITY TREATMENT (HCT)
- REHABILITATIVE AND COMMUNITY SERVICES (RCS)

HOME AND COMMUNITY TREATMENT

Also Known As...

HCT

Section 65: Maine Care
rule governing the service

In Home Family
Treatment

Home and Community Treatment (HCT)

- What it is: In home therapy for children & families to assist them in learning to react differently to each other's behaviors and more effectively manage mental health symptoms
- Who Is Eligible: Youth with significant clinical needs and functional impairment with a documented need for treatment more intensive than outpatient therapy(More than two hours of clinical intervention per week)
- How To Access It: Submit referral to Kepro

WHAT TO EXPECT FROM HCT SERVICES

- **Service can include:**
- Individual Therapy with a clinician
- Family Therapy with a clinician
- Behavioral Health Professional (BHP) services
- Clinical Hours and BHP hours are determined based on documented clinical necessity



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WHAT TO EXPECT FROM HCT SERVICES

- **Examples of HCT Treatment work:**
- Teaching caregiver to therapeutically respond to the child's needs
- Supporting effective communication in the family
- Developing and maintaining child and family's skills in managing mental health symptoms/behaviors and improving functioning
- Developing social skills and behaviors necessary to remain living in the community
- Teaching skills to improve social integration, healthy relationships, & environmental awareness
- Collaborating with other service providers to ensure treatment is integrated in the child's home, school & community activities.
- HCT starts with an assessment period (which can last up to 30 days). This is when the team assesses how many clinical and BHP hours will be needed to implement the treatment plan – hours are individualized.
- Medical necessity is determined every 90 days where progress, barriers to progress, and frequency, intensity, and duration of behaviors are all considered to continue to support medical necessity for the service.



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HCT IS NOT A CLINICAL MODALITY

- HCT is a SERVICE TYPE
- HCT Clinicians will use clinical modalities within the service that meet the treatment needs of the youth
- Clinical modality will be determined through the assessment process and should be tailored to the youth
- A recommendation for HCT is a recommendation for “in home family treatment”. That recommendation should **also** outline specific referral behaviors/challenges that treatment will address.
 - Example: HCT is the recommended treatment to assist the youth in addressing ongoing trauma symptoms. These symptoms include becoming aggressive when being told no by caregivers. Aggression comes in the form of hitting, kicking, biting, spitting and throwing. This occurs several times per week.

HCT Clinicians

- Are clinically licensed
- Complete an assessment
- Use their assessment to develop an individualized treatment plan
- Will clearly identify treatment interventions specific to the youth and family
- Will identify specific, measurable, attainable, realistic and time sensitive treatment goals
- Ensure that the BHP and family understand the treatment plan
- Will include all family members in treatment as appropriate
- Model and Practice planned interventions/skills with the youth and family
- Assist the family in creating and updating treatment plans as needed



HCT Behavioral Health Professional Staff BHP

- Receive BHP specific training
- Are Expected to be familiar with and understand the treatment plan
- Assist the family and clinician in implementing the treatment plan
- Model and Practice planned interventions/skills with the youth
- Model and Practice planned interventions/skills with the caregiver and family
- Assist the family and clinician in creating and updating treatment plans as needed



Multi-Systemic Therapy (MST) and Function Family Therapy (FFT)

Evidence Based Treatment Models that

May be more beneficial than HCT to a youth and family struggling with significant acting out behaviors

MST

What It Is: Family-based treatment that addresses serious disruptive behavior. Treatment addresses environments in which the youth interacts

Target Population: Youth age 12-17 and their families, typically oppositional with conduct challenges.

***MST-PSB: Specializes in treatment of youth age 10-17 who have sexually offending behaviors

FFT

What It Is: Family-based model for youth at risk for out of home placement. Designed to improve family attributions, communication and supportiveness while decreasing intense negativity and dysfunctional patterns of behavior

Target Population: Youth age 11-18 with severe behavior problems, chronic delinquency, and co-morbid diagnosis with mild behavior problems who may/may not be at risk for delinquency

HOW TO MAKE A REFERRAL FOR MST OR FFT

Call the provider directly. Do NOT call KEPRO. Do NOT complete an HCT referral.

MST

- York and Greater Cumberland County-**Maine Behavioral Healthcare**-(207)-842-7700
- Oxford and Northern Cumberland, **Tri-County Mental Health Services**743-7911 Androscoggin & Parts of Cumberland-**Tri-County Mental Health Services**-783-9141
- Sagadahoc, Knox, Lincoln, Waldo, Kennebec, Franklin, Piscataquis, Penobscot, Hancock & Somerset-**Kennebec Behavioral Health**-626-3455
- Oxford and Northern Cumberland-**Tri-County Mental Health Services**-743-7911
- Androscoggin & Parts of Cumberland-**Tri-County Mental Health Services**-783-9141
- Piscataquis , Penobscot, Hancock, Kennebec, Sagadahoc, Lincoln, Knox, Somerset, Franklin & Waldo-**Kennebec Behavioral Health**-626-3455

FFT

- York and Cumberland County: **Spurwink 1-888-889-3903**-ask to speak to the LINK team
- Kennebec, Somerset, Androscoggin, Sagadahoc, Lincoln, Penobscot, other locations on case by case basis: **Catholic Charities of Maine- 207-453-4367**

Virtual Residential Program (VRP)

Kate Hayward, LCSW
62 Pegasus at
Brunswick, Me. 04011

Office: (207) 373-0620
Cell: (207) 844-9911

Email: KateHayward@Pathways.com

VRP:

- Is a manualized clinical model provide by Pathways
- May be able to provide higher staffing levels in the early phases of treatment to achieve stability in the home
- Follows specific phases of treatment to mark progress toward discharge
- Is the same level of service as HCT and is authorized the same ways as HCT.
- May provide a higher number of hours on the front end of treatment
 - This can be provided by any HCT provider if clinically justified.
- Is not a higher level of care than HCT
- Is not an evidence based intervention
- Is not more intense than HCT
- Provides a higher number of clinical hours at the beginning of the service
 - This can happen with any HCT provider if the hours are clinically justified
- VRP is a structured way of implementing HCT

While VRP may be a good match for families of children with high levels of aggression and/or emotional and behavioral challenges, there may not always be immediate capacity for those families. In these cases, families may experience a longer wait than they would if they were referred to another provider. A longer wait may not be in the best interest of families whose children have this severity of need

Families should be aware of this when referring for an HCT service. Selecting VRP solely due to believing it may be a higher level of care or more intense than HCT may lead to families waiting longer for the service.



IMMINENT RISK REFERRAL

“Imminent Risk” eligibility: Allows the service to start without prior authorization. This includes immediate risk of psychiatric hospitalization and risk of immediate child welfare removal if family doesn’t begin participation in services

- Please consult with a CBHS Resource Coordinator about this if you think it is something you may need for a family.
- The referent contacts an HCT provider directly to ask for HCT imminent risk.
- The provider, who must have immediate staff availability, discusses with Kepro who makes the final decision.
- If eligible, the service should begin immediately.

QUESTIONS FOR HCT PROVIDERS

- It's important to ask questions of the provider when making referrals:
 - What treatment modalities do clinicians use? Why are they choosing that modality?
 - How does their agency integrate family work?
 - Does the agency have BHPs available for the service? (Due to staff shortages this can be a problem...especially in certain geographic areas)

REHABILITATIVE AND COMMUNITY SERVICES (RCS)

- **What it is:** A skill building and behavior management program for youth and caregiver with developmental disabilities and challenges adversely impacting their daily functioning
- **Who is Eligible:** Youth with a qualifying diagnosis and challenging behavior who have an identified functional impairment on a standardized assessment tool like the Vineland or ABAS
- **How To Access It:** You or the Case Manager can make a referral through Kepro -more information at www.qualitycareforme.com

WHAT TO EXPECT FROM RCS SERVICES

SERVICE CAN INCLUDE:

- Problem Solving activities
- Learning and practicing social skills & self regulation-skills necessary to safely and functionally interact with others in the home and community
- Learning environmental awareness, social norms, & supporting social integration while practicing skills across environments
- Supporting and teaching Activities of Daily Living (ADLs) that are impacted by diagnosis – teeth brushing, eating/cooking skills, toileting
- Assistance with organizational skills
- Individual or group work



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WHAT TO EXPECT FROM RCS SERVICES

Examples of RCS Treatment work:

- Social stories to promote independence with ADLs and environmental safety
- Picture and/or text schedules to help with structure, consistency, and behavioral management particularly during periods of transition
- Breaking down of tasks into manageable steps that may require various levels of prompting to be able to complete
- Practicing social skills using normative conversation, turn-taking prompts, and identifying facial expression/body language cues
- Learning about and practicing self-regulation skills
- Developing and implementing a Positive Behavioral Support Plan
- Family/natural support system participation in treatment



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SPECIALIZED REHABILITATIVE AND COMMUNITY SERVICES

- **What it is:** A skill building and behavior management program to treat significant impairments in communication, life skills, and self-regulation skills using evidence-based interventions designed to improve socially significant behaviors and developmentally appropriate skills to a measurable degree. Current research states that this evidence-based intervention is most effective for treating Autism and Intellectual Disabilities.
- **Who is Eligible:** Youth with a clinically relevant diagnosis and challenging behavior who have an identified functional impairment on a standardized assessment tool like the Vineland or ABAS
- **How To Access It:** Referrals are submitted to Kepro - information at www.qualitycareforme.com

PROFOUND DEFICIENCIES

Some examples that may interfere with
safe and independent daily functioning

Limited verbal skills or Non-verbal

Requires hand over hand support for
daily living skills

Regularly bolts from safety

Engages in significant self-injury (head
banging, biting, etc)

Engages in aggressive behavior towards
others during periods of frustration

WHAT TO EXPECT FROM SPECIALIZED RCS SERVICES

- **Service can include:**
- Functional assessment of maladaptive behaviors
- Preference assessment to identify appropriate (and inappropriate) reinforcing tangibles/activities
- Analysis of environmental antecedents
- Intensive evidence-based behavioral interventions
- Implementation and reinforcement of proven strategies that restore functioning
- Family/natural support system participation in treatment



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WHAT TO EXPECT FROM RCS SERVICES

Examples of Specialized RCS Treatment work:

- BCBA conducts a thorough Functional Assessment to identify antecedents to specifically defined behaviors, response to stimuli, and hypotheses of why behavior is occurring/being sustained to develop appropriate Treatment Plan
- Development and implementation of a positive behavioral support plan
- Highly structured program promoting replacement of interfering behaviors with functional behaviors
- A lot of numbers and graphs as data is constantly collected throughout treatment to be able to assess and make appropriate treatment adjustments to promote continuing progress and retention of skills that had been previously learned
- Caregiver training in implementing treatment plan to support continuation of using skills/methodologies effectively after treatment goals as met



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RCS IS NOT A CLINICAL SERVICE

RCS does not include a clinician and does not address mental health needs such as suicidal ideation or homicidal ideation.

If a youth needs therapy, seek another service such as outpatient therapy, HCT, etc

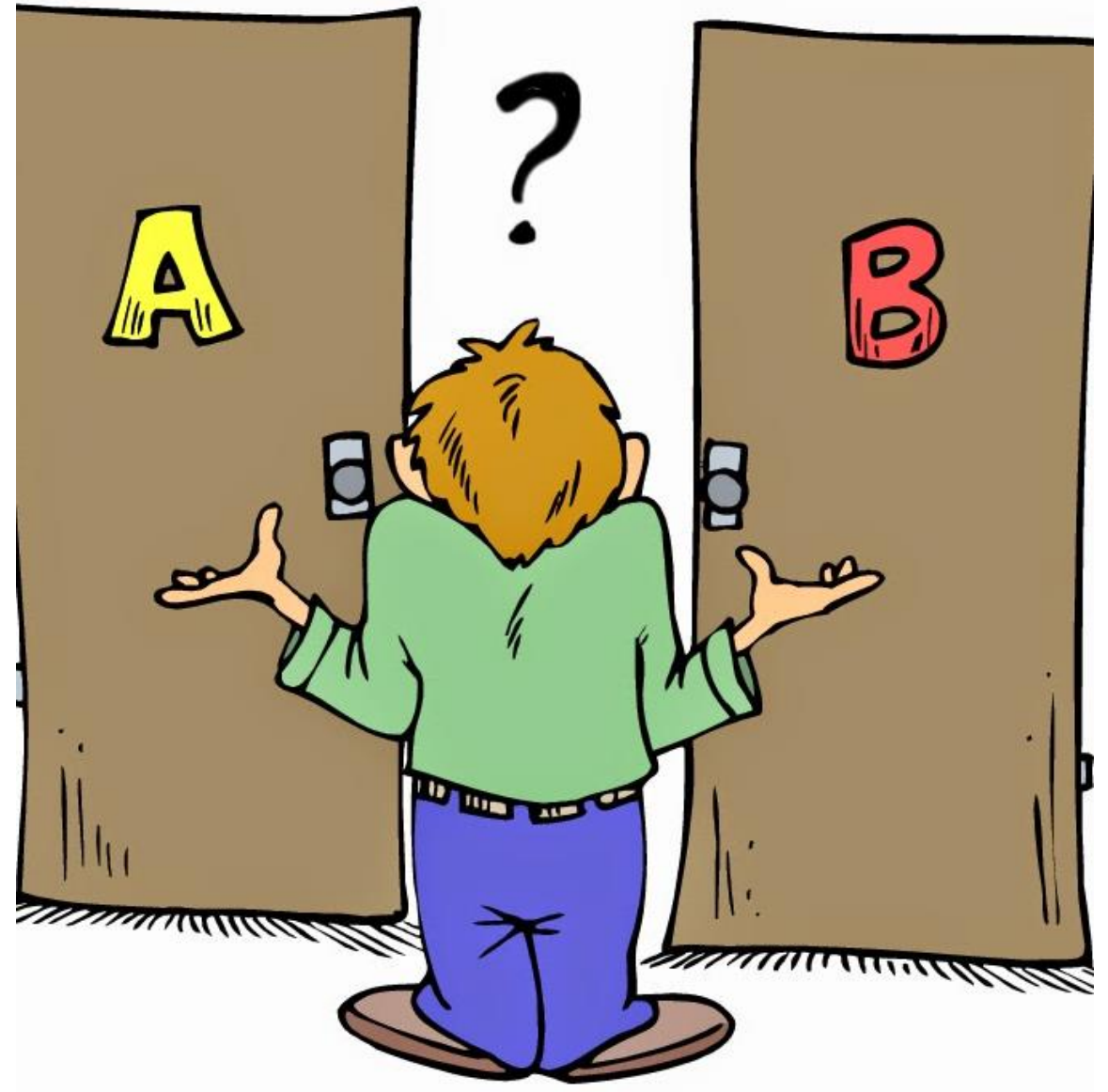
If you are unsure which service may be needed, consult with a CBHS Program Coordinator

Some youth do require skill development and therapy at the same time

- Clinical services and RCS can both be utilized at the same time if necessary
- This intensity of service can be challenging for families and units should be adjusted accordingly.
- Please be sure this is absolutely necessary prior to referring for both services

THERAPY OR SKILL BUILDING?

- It can be difficult to determine which services is most appropriate
- At times youth who have been referred to RCS can be better served by HCT
- Carefully consider the diagnoses, symptoms and needs before making a referral



EXAMPLE

Youth with Autism

Issue: Does not shower due to sensory issues and/or struggles with understanding or remembering steps.

Symptoms: Bangs head during shower time

Flops on floor during shower time

Treatment: RCS can assist with developing and implementing a plan which breaks down steps into manageable pieces and addresses sensory issues when a youth requires skill development in this area

Youth with Depression

Issue: Does not shower when exhibiting other symptoms of depression.

Symptoms: Showers when depressive symptoms are managed

Treatment: Therapy can help youth decrease and manage depressive symptoms. She already has the skills to shower when her depressive symptoms are managed.

APPROPRIATE RCS REFERRALS

APPROPRIATE

4 year old with autism is unable to feed himself

Adolescent with cognitive impairments and lack of safety awareness sneaks out of home at night

12 y.o. with intellectual disabilities not yet toilet trained

INAPPROPRIATE

18 month old needs to learn to feed himself (typical development)

Need for respite

Supervision until caregiver arrives home

Child w/PTSD (a mental health diagnosis) threatens parent with weapon

Adolescent leaves home at night to drink with friends

3 year old who hits siblings

PRIORITY STATUS

Youth at Long Creek or ready to come home from a higher level of care are placed on the HCT and/or RCS list as a priority

- Priority means they go to the top of the list for their town with any other prioritized children from their town.
- High priority does not mean they will immediately get the service
- PRIORITY ELIGIBLE YOUTH ARE
 - In inpatient psychiatric hospitals
 - In crisis units
 - In residential treatment
 - In correctional facilities
 - Youth expelled from daycare or preschool
 - Youth waiting two years or longer

Call Kepro to remove youth from high priority status when appropriate (youth has not needed a higher level of care for 6 months)



FAMILY CHOICE

Guardians are able to request a specific provider during the referral process

- If a specific provider is requested, the youth goes on the general list first
- When youth is at the top of the list and any provider reports availability, Kepro will notify the guardian
- If guardian chooses to take that opening, even though it is not with their preferred provider, they can do so
- If guardian chooses to wait for their preferred provider, they are moved from the general list to that agency's family choice list
- Once on the agency's internal waitlist, agency will contact the guardian when they have an opening or at least every 30 days while waiting

INFORMED DECISIONS

Conversations to have with families about preferred or non-preferred providers

- Opting for a preferred provider may increase wait time
- Opting out of a specific provider may increase wait time
 - If a family reports concern with a specific provider, help them address those concerns
 - They heard a provider isn't good
 - They heard a provider is always late
 - Help the family call that provider and discuss their concerns to see if they can be alleviated
 - Referring to your own agency may increase wait time
- Being open to any provider may be the shortest route to services



REFERRAL MANAGEMENT PROCESS

- Referral Information for RCS and HCT is entered into Atrezzo questionnaire section by case manager/care coordinator or faxed/secure emailed by CW Guardian
- Eligibility Determination made by Kepro
 - Referral source can see decision in Atrezzo and communicate with guardian
- If eligible, youth is placed on referral management list for designated town
- When youth reaches the top of the list and a provider has availability a match is made
- Once provider match is made, Referral Source and Provider receives notification via email from Kepro
 - Email contains Maine Care number, Kepro case id number and contact information
- Referral Source and/or guardian should call provider immediately to initiate opening
- Providers will only wait a few days without hearing from a family before they move on to the next person on the list
- Contact Maine Intake at IntakeMe@kepro.com if you feel a referral you have received should either go back to the waitlist, and/or be removed from the waitlist.

HELPFUL TIPS FOR THE REFERRAL MANAGEMENT PROCESS

- At referral, list the address and phone number at which the youth will receive services. Do not list hospital, crisis unit, residential or Child Welfare guardian's office address as the child's address.
- Check "reports" in Atrezzo in 24 business hours. Kepro will notify you if you need to submit more information. If more information is requested, submit it as quickly as possible and continue to check "reports" for a decision. There is a 7 day maximum for a response.
- If the original referent changes and a new referent comes on board; the guardian, and/or new referent can notify Kepro there has been a change in order to maintain the dates of the original referral and avoiding need for new referral. A new case will be created for the new referent to track and monitor for further updates.
- If the case goes to a new agency or location, the new agency will need to create a new referral in Atrezzo. Under the questionnaire for "reason for referral": referent would want to indicate they are a new referent for a current referral and request backdate. You may also want to do this in the "clinical information" section. If the referral is still current, Kepro staff can backdate the new referral to accurately reflect days waiting. If the referral is expired; it would be considered a new referral.
- Child Welfare staff should always call Kepro to notify of staff changes.

HELPFUL TIPS FOR THE REFERRAL MANAGEMENT PROCESS

- Changes and updates can be made regarding preferred provider, address, guardian information, and availability in the Referral Management questionnaire as long as the referent does not “Mark as Complete” when entering the initial request. If it has been marked as complete; call KEPRO provider relations team to have a questionnaire added to make needed updates.
- If the youth loses MaineCare for any reason; please call KEPRO once MaineCare has been reinstated to ensure your member is on the waitlist, as member will be removed from the waitlist if Maine Care Eligibility is not determined.
- If a provider opens services and cannot provide the service within 60 days, the provider should notify Kepro via IntakeME@Kepro.com and ask that the youth be put back on the list where they were unless guardian chooses to wait.
- If a family decides they cannot work with a provider they have been matched with, attempt to assist them in working through the challenges. If not they will likely start over on the waitlist

HELPFUL TIPS FOR REFERRAL MANAGEMENT PROCESS

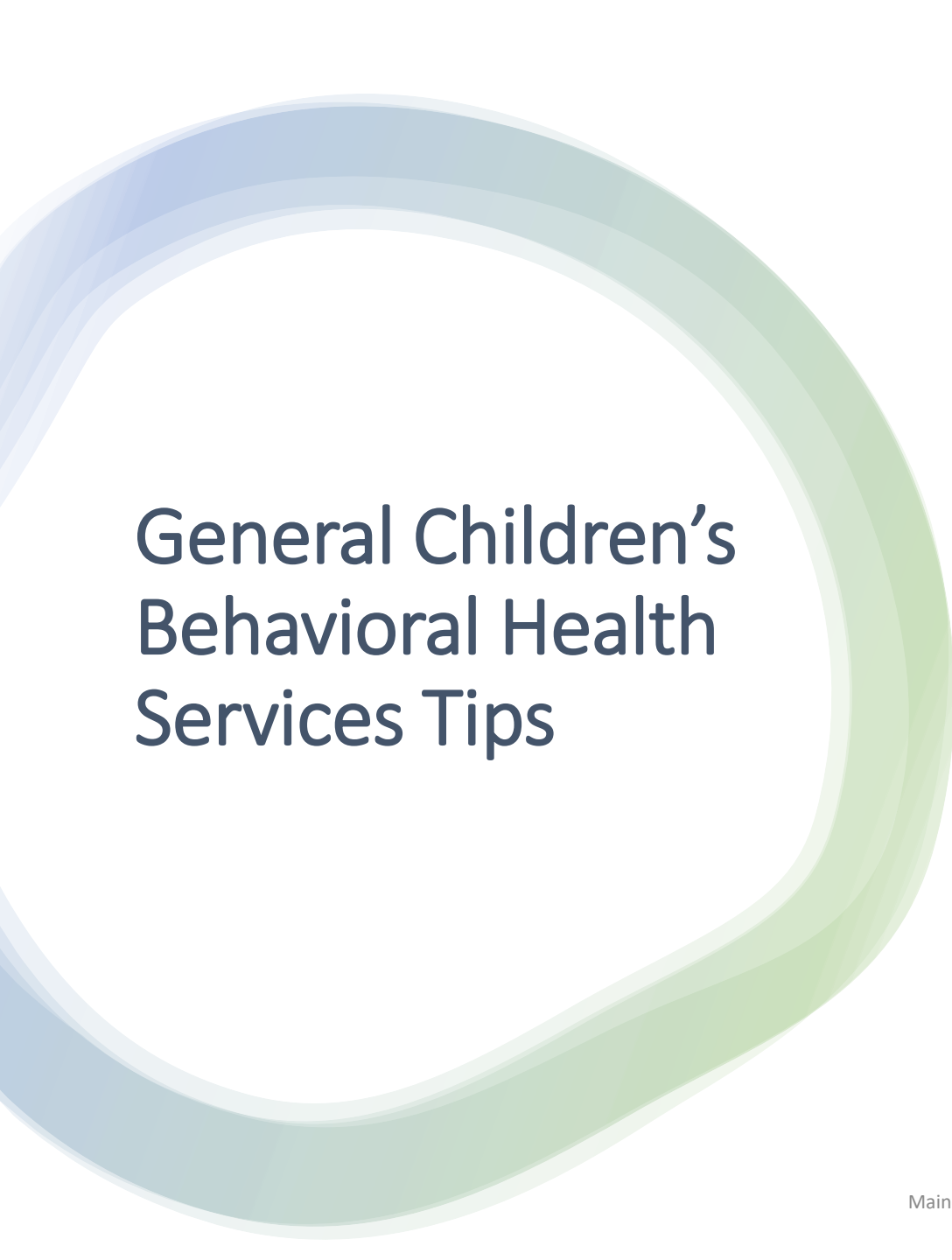
- If the family moves or changes phone numbers, call Kepro immediately to notify them of the new address. If the questionnaires are not locked in Atrezzo (marked as complete) the referent can update this in the questionnaire in the referral.
 - If Kepro is not notified of address changes, the youth stays on the list for the previous town and will not obtain a match in the new town
- Be sure guardians know that if Kepro calls them or sends a letter, they **MUST RESPOND** or the youth will be removed from the list - Even if they have already told someone from CBHS they want to remain on the list.
- Do not assume that if someone says they believe a youth is on a list that he/she actually is, please confirm you have an active referral that has been approved.
- After being on the referral management list for 1 year, an extension request must be submitted to Kepro. Extensions can be requested in the existing referral and must be done prior to the end date of the referral.
 - Check to see if the functional assessment is current to ensure providers will accept the referral once received
- If guardians no longer wish to receive the service, no longer need the service or have put in place other options, please notify Kepro so the youth can be removed from the list.

HELPFUL TIPS FOR REFERRAL MANAGEMENT PROCESS

- Kepro has added new fields to the referral to include the following in order to improve and enhance the matching process
 - Availability: Hours of day the family may be able to work with provider
 - Telehealth Options- Update questionnaire in Atrezzo for any change in guardian preference of in-home or telehealth service delivery
- Kepro will match within a 10-15 mile radius of the town in which the provider reports capacity
- Remind guardians that providers are expected to provide services to the youth waiting longest on list
 - Providers are not able to prioritize their own existing clients for additional services
 - Existing service with an agency, does not guarantee immediate service from that agency
 - Providers now have access to the real time waitlist which will assist them in estimating their capacity and wait times

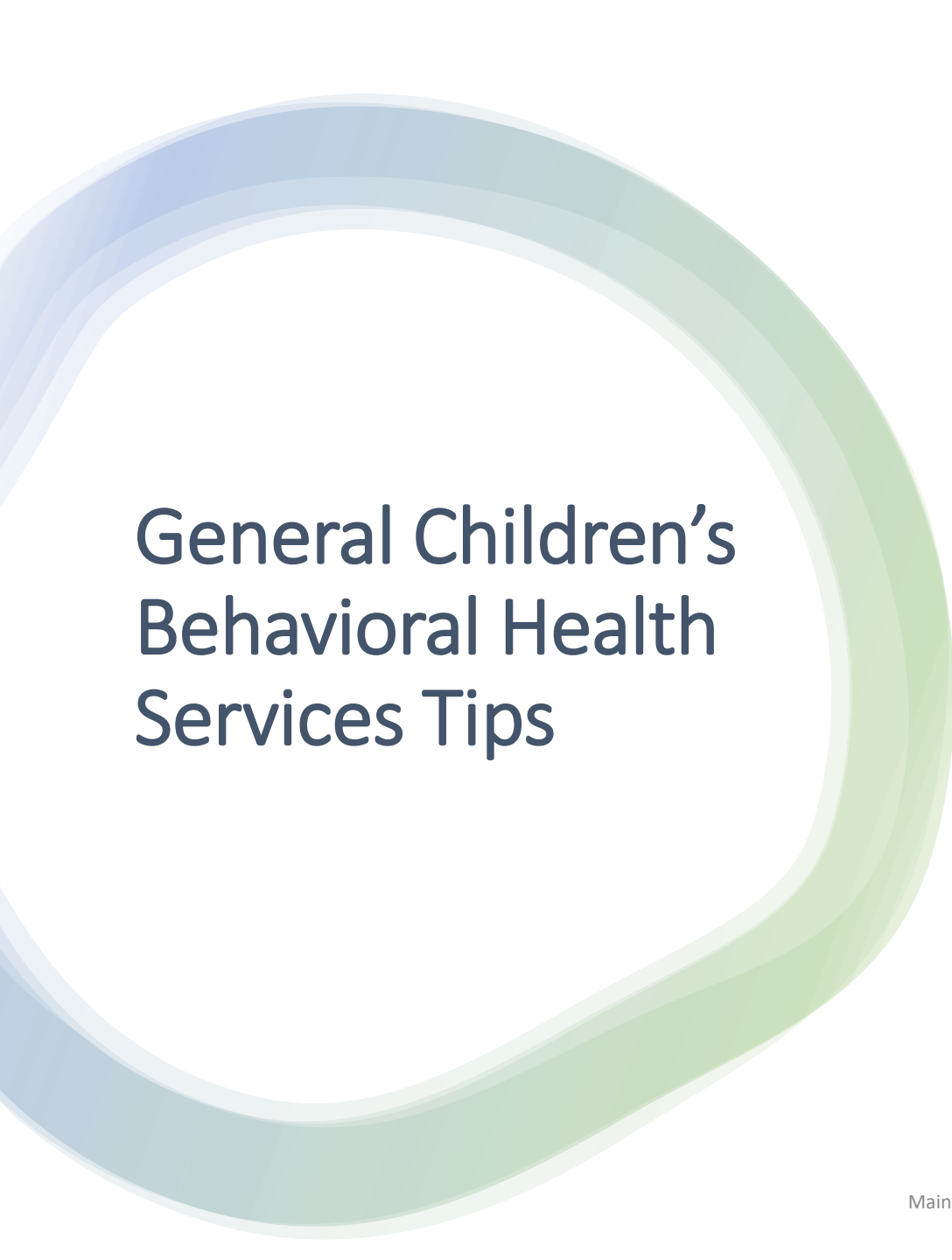
MISCELLANEOUS

- Caregivers, including siblings, are expected to be involved in both services
- Clinical hours in HCT can be more than the 2 weekly hours allowed in outpatient
 - If a youth receiving outpatient services experiences a crisis, outpatient hours can be increased as clinically indicated
 - Outpatient treatment can be provided in the home if the agency is willing to do so
- RCS and HCT CAN be provided in therapeutic foster homes
- RCS and HCT can be utilized at the same time as long as they are not in the home at the same time
 - This should be done only if it is necessary and if family is able to participate in this level of services
 - Both services have different goals



General Children's Behavioral Health Services Tips

- Most importantly, always be considering the lowest level of care service that may meet the youth's behavioral health needs.
 - Have conversations with guardians about removing themselves from higher level of care waitlists if their youth is making progress on treatment goals in an existing service
- If you are unsure of what services might be most helpful to a youth, please consult with your internal supervisor or a CBHS Program Coordinator for guidance.
<https://www.maine.gov/dhhs/ocfs/cbhs/staff/home.shtml>
- If you are having trouble accessing a service or have questions about a service, please contact a CBHS Resource Coordinator
<https://www.maine.gov/dhhs/ocfs/cbhs/staff/home.shtml>
- For children age 0-3 for whom you may have developmental concerns, please refer them to CDS for evaluation.
- When referring for services, please be certain that the service is the right one to address the specific treatment needs of the youth. Even if eligible for a service, it may not be the most appropriate service to meet the needs. If unsure, consult with CBHS staff for support. Treatment is only helpful if it is the right service at the right time.
- When submitting a referral for any service, please carefully read the required documentation for a complete referral. Referrals cannot be reviewed until all required documentation is received.



General Children's Behavioral Health Services Tips

- If MST or FFT is the appropriate service for a youth, please refer directly to the provider who offers MST or FFT. Do not refer to Kepro for these services.
<https://www.maine.gov/dhhs/ocfs/cbhs/family/index.shtml>
- District Child Welfare Offices have a Resource Parent Care Specialist who can provide clinical support services to foster parents. Please consult the child welfare guardian to consider referring families to this service.
- When submitting an ITRT application, please review the consultation guide, ITRT brochure and required documentation lists. Do not submit information that is older than 2 months unless specified on the ITRT required documentation list.
- <https://www.maine.gov/dhhs/ocfs/cbhs/provider/itrt.html>
- <http://www.qualitycareforme.com/media/1435/section97itrtconsultguide.pdf>
- <http://www.qualitycareforme.com/services/intensive-temporary-residential-treatment/>
- To find a provider of services in your area, you may go to the following link:
<https://www.maine.gov/dhhs/ocfs/cbhs/family/index.shtml>
- CBHS does not have a private practice outpatient provider directory. For outpatient provider agency's you may utilize this link:
<https://www.maine.gov/dhhs/ocfs/cbhs/services/outpatient/district12.html>



QUESTIONS CALL CBHS STAFF

<http://www.maine.gov/dhhs/dhhs-districts.shtml>



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